SITION	INITIALS	ID NO.	DATE
RMINATION	M.O.	6935	4-28-99
ASSIFIER			4/30
Y REVIEW	EVB	66793	05/01/99

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	0	.... Objected

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If more than 150 claims or 10 actions staple additional sheet here

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